STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lob	obyist(s) Nicola	Bocour		<u>-</u>	
II. Name of lob	obyist's partnership	, firm or corporation,	if any:		
	(Name of partnershi	p, firm or corporation)			 -
700 13th St	treet, NW, Suite 6	600 Washingt	on DO	20	005
Business Address		(Town/City			Code)
(973) 715-9375 (Telephone)			Fax) e-mail n	ico@responsiblesol	utions.org
(Telep	hone)	(Fax)		
		e one – file separate re hich are not attributa	eports for each client, Olble to any one client).	R you may file a separ	ate report for
X All reportab	le transactions occur	ring in the months prio	r to the reporting date rela	tive to the following cl	ient:
		for Responisble Sol			_
<u>OR</u>	(Full Name o	f Client as it appears on th	e Lobbyist Registration Form	1)	
All reportabl	le transactions by the particular client.	lobbyist (including the	lobbyist's family), or the	lobbying firm listed be	elow which are
IV. Date of Re			July 26, 201		
Reports cover:		registration to 3/31/17	activity from 4/1/17 (
	October 25 activity from 7	, 2017 🗵 /1/17 to 9/30/17	January 31, 2 activity from 10/1/1		
	ecked, complete just		able transactions made to the Secretary of State's		
VI Chack if ad	lditional reports ar	attached			
	-		ust file Addendum A – Fe	es and Expenses	
-	paid an honorarium	•	s, you must file Addendu	-	ariums or
-		has made political con	tributions, you must file A	Addendum C- Politica	l Contributions
I have read RSA	ent/Affirmation by lack 15, RSA 15-B, RSA the best of my know	A 14-C and RSA 664 at	nd hereby swear or affirm	that the foregoing info	rmation is true
1/1:	1/10		October	12, 2017	
(Signature of lo	bbyist)	7	- CCOBCI	(Date)	
Nicola Boco				_	
(Print Name of	lobbyist)				RECEIVE

OCT 1 7 2017